



State of Connecticut
Department of Developmental Services



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Commissioner

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE HUMAN SERVICES COMMITTEE**

March 8, 2016

Good afternoon Senator Moore, Representative Abercrombie, Senator Markley, Representative Wood and members of the Human Services Committee. I am Morna A. Murray, Commissioner of the Department of Developmental Services (DDS) and I appreciate the opportunity to submit testimony on **[H.B. No. 5587](#) AN ACT ESTABLISHING A COUNCIL TO MAKE RECOMMENDATIONS CONCERNING SERVICES FOR CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES.**

While DDS fully appreciates the intent of this legislation, we caution committee members from creating yet another process at a time when staff resources are limited. While **[H.B. No. 5587](#)** is only targeted to children and young adults, the Intellectual Disability (ID) Partnership proposed in **[S.B. No. 17](#) AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES** is broader and already encompasses these individuals. Additionally, there are other councils already in existence, including the CT Council on Developmental Disabilities (Governor Malloy's **[Executive Order No. 19](#)**), the Council on Developmental Services (Section 17a-270 CGS) and the Autism Spectrum Disorder Advisory Council (Section 17a-215d CGS) and proposing a similar council as in **[H.B. No. 5587](#)** would be duplicative of existing efforts.

DDS recommends that at this time, our focus be on the Intellectual Disability (ID) Partnership proposed in **[S.B. No. 17](#)** which has already been heard before your committee and which DDS supports. The purpose of the ID Partnership is to build on the successful model of the Behavioral Health Partnership in improving health outcomes for children and adults.

The Intellectual Disabilities Partnership has been proposed to increase access to quality services for individuals with intellectual disability by:

1. Expanding individualized and community-based services;
2. maximizing federal revenue to fund services for persons with intellectual disability;
3. converting grant-funded services to rate-based, fee-for-service payment systems when possible;
4. exploring the feasibility of services management by an administrative services or managed care organization;
5. exploring opportunities for private and other third-party payments;
6. developing models to support persons with intellectual disability in supportive housing;

7. reducing reliance on institutional and residential services;
8. improving administrative oversight and efficiencies;
9. monitoring individual outcomes, provider performance and overall program performance; and
10. identifying strategies to make resources available to address the residential waiting list.

As happened with the successful Behavioral Health Partnership, it is anticipated that these changes will bring greater focus and attention to this important area and ultimately result in the development of a broader array of services that will assist in downsizing public facilities.

DDS would be open to an increase in stakeholder input to the proposed ID Partnership by establishing an ID Partnership Oversight Council. DDS, the Department of Social Services (DSS) and the Office of Policy and Management (OPM) have been in discussion with the proponents of this bill regarding language that includes more stakeholders in the implementation of the ID Partnership. Using the existing Behavioral Health Partnership Oversight Council language as a model, new members were added to assure representation of all major stakeholders.

Thank you again for the opportunity to submit testimony regarding [H.B. No. 5587](#). You may contact Christine Pollio Cooney, DDS Director of Legislative and Executive Affairs at (860) 418-6066 with any questions.